

ARMY REGULATIONS, INDIA.

VOLUME VI.

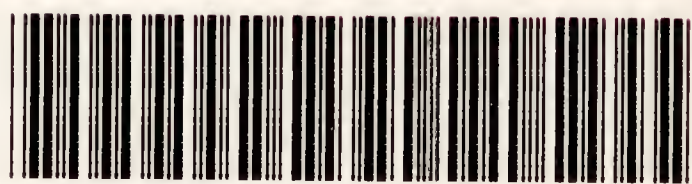


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VOLUME VI.



MEDICAL.

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MEDICAL.



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PREFACE.

THIS volume contains the orders of the Government of India on military-medical and sanitary matters. It is intended principally for the use of officers of the medical services. Such subsidiary instructions, in pursuance of these orders, as may be necessary, will be issued under the orders of the Commander-in-Chief in India.

Officers are expected to interpret these regulations reasonably and intelligently, with a due regard to the interests of the service. No attempt has been made to prescribe for necessary and self-evident exceptions, nor for such matters of detail as should be provided for by local authorities.

The other volumes of regulations with which the medical services are concerned are—

Field Service Regulations.

Field Service Manual, Medical.

Army Regulations, India, Vol. I, "Pay and Allowances."

" " " " II, "Regulations and Orders for the Army."

" " " " III, "Financial Instructions."

" " " " VII, "Dress."

" " " " X, "Passages."

" " " " XI, "Clothing."

Army Tables, "Establishment and Supplies."

Army Tables, Medical.

Army Act, and Indian Articles of War.

(This book has been corrected up to 1st April 1906.)

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Abbreviations.

A. A.	.	.	.	Army Act.
A. B. Corps	.	.	.	Army Bearer Corps.
A. F.	.	.	.	Army Form.
A. H. Corps	.	.	.	Army Hospital Corps.
A. M. S.	.	.	.	Army Medical Staff.
Appx.	.	.	.	Appendix.
A. R. I., Vol.	.	.	.	Army Regulations, India, Volume.
B. O.	.	.	.	Brigade Order.
Bde.	.	.	.	Brigade.
Bde. Comdr.	.	.	.	Officer Commanding the Brigade.
C-in-C.	.	.	.	Commander-in-Chief in India.
C. M. A.	.	.	.	Controller of Military Accounts.
C. O.	.	.	.	Command Orders.
C. S. Regs.	.	.	.	Civil Service Regulations.
D. A. G.	.	.	.	Deputy Adjutant General of Command.
D. G., A. M. S.	.	.	.	Director General, Army Medical Service.
D. G., I. M. S.	.	.	.	Director General, Indian Medical Service.
Divn.	.	.	.	Division.
Divl. Comdr.	.	.	.	Officer Commanding the Division.
D. O.	.	.	.	Divisional Order.
G. of I.	.	.	.	Government of India.
Hd.-Qrs.	.	.	.	Head-Quarters.
I. A. F.	.	.	.	India Army Form.
I. A. O.	.	.	.	India Army Order.
I. A. W.	.	.	.	Indian Articles of War.
I. S. M. D.	.	.	.	Indian Subordinate Medical Department.
K. R.	.	.	.	King's Regulations and Orders for the Army.
L. G. C.	.	.	.	Lieutenant-General Commanding.
M. N. S.	.	.	.	Queen Alexandra's Military Nursing Service for India.
M. W. S.	.	.	.	Military Works Service.
O. C.	.	.	.	Officer Commanding.
Para.	.	.	.	Paragraph.
P. M. O.	.	.	.	Principal Medical Officer.
P. M. O., India	.	.	.	Principal Medical Officer, His Majesty's Forces in India.
P. W. D.	.	.	.	Public Works Department.
R. A. M. C.	.	.	.	Royal Army Medical Corps.
Regs. A. M. S.	.	.	.	Regulations for Army Medical Services.
R. W.	.	.	.	Royal Warrant for Pay, Promotion, etc.
S. M. O.	.	.	.	Senior Medical Officer.
S. of S.	.	.	.	Secretary of State.
S. S. O.	.	.	.	Station Staff Officer.
S. and T. Corps	.	.	.	Supply and Transport Corps.
U. L.	.	.	.	Unattached List.
W. O.	.	.	.	War Office.

Definitions.

Extras—Extra articles of food or drink which may be issued to patients on hospital diet.

<p>Family, Officer's—Includes his wife and his legitimate children; his parents, sisters and minor brothers if wholly dependent upon him; also his <i>bonâ fide</i> servants.</p> <p>Family, soldier's—Includes his wife and his legitimate children and step-children.</p>	}	<p>For the purposes of medical attendance.</p>
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Medical comforts—Articles of food or drink which may be issued to patients not on hospital diet.

Senior medical officer—Senior executive medical officer in military employment doing duty with troops.

Civil surgeon—Includes an agency or residency surgeon.

Brigade Commander.—Includes the divisional commander in the case of stations and troops serving directly under Divl. Hd.-Qrs.

Command.—Includes an independent division.

Command P. M. O..—Includes the P. M. O. of an independent division, except in respect of paras. 87, 89, and 90.

Divisional Commander.—Includes the officer commanding an independent brigade.

ARMY REGULATIONS, INDIA.

VOLUME VI.—MEDICAL.

Organization of the Military Medical Service in India.

1. The medical and sanitary duties of the army in India are conducted by officers of the A. M. S., R. A. M. C. and I. M. S., assisted by members of the I. S. M. D., M. N. S., and attendants of the A. H. Corps, A. B. Corps, and hospital establishments.

The military medical service.

Army Medical Staff and Royal Army Medical Corps.

2. Surgeon-generals of the A. M. S. and colonels of the R. A. M. C. are nominated by the W. O. for administrative duties in India as required to fill vacancies.

British service, staff.

3. Executive officers of the R. A. M. C. are posted to Commands by the W. O., but the C-in-C. can transfer them to other Commands when necessary.

British service, executive.

They serve in India under the following conditions:—

I. A tour of service is for five years, reckoned from the date of embarkation in England; but this may be extended to eight years by permission or exchange. Any period spent out of India (a) on general or privilege leave, (b) on m. c. leave up to 12 months, exclusive of the time spent on the passage out with troops, (c) on duty at another foreign station between original embarkation and arrival in India, will count towards the completion of a tour.

II. Tour-expired officers go home in the order in which they came out, if practicable, but if an officer's tour expires in the non-trooping season, he will be detained until the next season.

III. Exchanges to alter the order of going home are permitted between officers of equal rank, a lieutenant and a captain, a captain (expecting promotion the next trooping season) and a major, a major and a lieutenant-colonel. Exchanges during a first tour are not permitted. (See I. A. F. Z 2000.)

4. An officer of the R. A. M. C., tour-expired and detailed for duty with troops on the voyage home, but whose health requires his earlier departure from India, will not be granted leave on medical certificate. The matter will be submitted for the orders of the C-in-C. unless immediate despatch is essential, in which case the Divl. Comdr. may authorize this and report his action to the P. M. O., India.

Procedure when a tour-expired officer is sick.

Indian Medical Service.

6. The D. G., I. M. S., is the head of the I. M. S. He is responsible that the I. M. S. and the I. S. M. D. are kept up to strength, and that the authorized number of officers and warrant officers is placed at the disposal of the C-in-C. for military duty. He will nominate I. M. S. officers for the administrative grades, and for this purpose should be informed of vacancies in the military list which may occur unexpectedly. He will keep the records of service and confidential reports of the members of the I. M. S. and I. S. M. D. The P. M. O., India, will supply him with all necessary particulars for keeping up the records of those in military employment.

Position of the D. G., I. M. S.

7. The authorized establishment of I. M. S. officers for the ordinary requirements of the army will include—

I. M. S. officers at the disposal of the C-in-C.

(a) the number required to fill the sanctioned military appointments as shown in Appx. I, with the prescribed margin for absentees;

(b) all officers in excess of the sanctioned cadre appointments not required for the civil and military departments of the G. of I.;

(c) officers on being first gazetted to the Indian establishment.

Transfer to
and from
civil employ-
ment.

8. Transfers of medical officers to, or from, civil or military employment, will be arranged between the G. of I. in the Home or other civil department concerned, and the C-in-C. Officers of the I. M. S. are ineligible for civil employment unless they fulfil the conditions laid down in Appx. I, and their services can be spared. They may be recalled to military duty at any time, it being understood that the army has the first claim on them.

Rules for
promotion
in the I.M.S.

9. The following rules regulate the promotion of officers of the I. M. S.:—

A lieutenant will be promoted to the rank of captain, a captain to the rank of major, and a major to lieutenant-colonel, on completing three, twelve, and twenty years' full-pay service, respectively. Time on half pay, not exceeding one year is, however, allowed to reckon as service for promotion, where removal to half pay has been the consequence of ill-health caused by military service.

The promotion of an officer to the rank of major may, on the recommendation of the D. G., I. M. S., be accelerated by not more than six months if he produces while in the rank of captain satisfactory evidence of progress in any branch of knowledge which is likely to increase his efficiency, such as obtaining a higher degree or special qualification of repute, or by furnishing proof of having pursued with diligence and advantage the serious study of an approved subject.

A captain after at least six years' service, a major or a lieutenant-colonel, may be promoted to the next higher rank by brevet for distinguished service in the field or for distinguished service of an exceptional nature other than in the field.

All promotions from the rank of lieutenant-colonel to the advanced position of that rank shall be given by selection for ability and merit.

All promotions from the advanced position of lieutenant-colonel to the rank of colonel, and from the rank of colonel to that of surgeon-general, shall be given by selection for ability and merit, and the grounds for such selection shall be stated in writing and recorded in the office of the S. of S. for India.

A lieutenant-colonel may also be promoted to the rank of colonel, and a colonel to the rank of surgeon-general, for distinguished service in the field. In such case the officer will remain supernumerary in the higher rank until the vacancy occurs to which, in the ordinary course, he would have been promoted, or in the case of an officer promoted to the rank of colonel, until selection for the rank of surgeon-general.

Six of the most meritorious officers shall be named honorary physicians, and six honorary surgeons, to the Sovereign. On appointment, an officer below the rank of colonel shall be promoted to that rank as a supernumerary.

I. M. S.
officers
qualifying
for staff
duties.

10. A lieutenant-colonel of the I. M. S., selected for promotion, will be attached to the office of a Bde. or Divl. P. M. O. for two months, if he has not done six months military duty within the preceding three years.

Indian Subordinate Medical Department.

General.

11. The I. S. M. D. is recruited and trained in India (see Appx. II), for military and civil duties. Its members are employed under the same system, as far as possible, as the I. M. S., a proportion being in civil employment but liable to recall at any time for military duty. Transfers from military to civil employment and *vice versa* will be arranged between the P. M. O., India, and the D. G., I. M. S. (see Appx. I.). The department is divided into—

Transfers
to and
from civil.

(a) Assistant surgeon branch, for duty with the British army.

(b) Hospital assistant branch, for duty with the native army.

Assistant
surgeon
branch.

12. The assistant surgeon branch is divided into—

Departmental officers with honorary rank.

Senior assistant surgeons with the honorary rank of captain.

Senior assistant surgeons with the honorary rank of lieutenant.

Warrant officers.

Assistant surgeons, 1st class	}	Ranking with conductors.
„ „ 2nd „		
„ „ 3rd „	}	Ranking with sub-conductors.
„ „ 4th „		

13. The strength of the assistant surgeon branch will include the numbers required for— The cadre of assistant surgeons.

- (a) military appointments;
- (b) miscellaneous appointments (medical store depots, marine and telegraph departments, etc.);
- (c) provincial and railway appointments;
- (d) a reserve of 20 per cent. on (a), and 15 per cent. on (b) and (c).

The civil department may employ as many military assistant surgeons as it has work for. These will be supernumerary to the establishment shown under (a) and (b) and will be seconded; they will not be transferred to military duty unless their services are required by the C-in-C. In no case are they to be transferred as a punishment.

14. The hospital assistant branch is divided into—

Native officers.

Senior hospital assistants, 1st class, with the relative rank of subadar. Hospital assistant branch,

Senior hospital assistants, 2nd class, with the relative rank of jemadar.

Native warrant officers.

Hospital assistants, 1st, 2nd, and 3rd classes.

15. The establishment of military hospital assistants will be maintained to fill— Cadre of hospital assistants.

(a) military appointments, *viz.*,—station hospitals (for followers of British corps); native troops; cantonment and followers' hospitals; and miscellaneous; with the authorized reserve of 25 per cent., plus a special reserve of 12 for Burma.

(b) certain civil appointments—Baluchistan agency; Foreign department; Imperial service troops; Survey Department; Andamans commission; and miscellaneous; with the authorized reserve of 25 per cent.

16. Civil hospital assistants are distinct from those of the military branch, but are liable, if required, for temporary military duty within their own province only if engaged before the 12th January 1887, otherwise both within and outside their own province. While so employed they will receive military rank and pay according to their service; but examinations passed while in military employ will not absolve them from passing the tests to which they are ordinarily subject, unless it is certified that the tests were equivalent. Military hospital assistants attested since 1st August 1894 are liable for temporary civil duty anywhere. Exchanges between military and civil hospital assistants are not permitted. Civil and military hospital assistants.

Queen Alexandra's Military Nursing Service for India.

17. The M. N. S. (see Appx. III) is organized for duty with British troops, and is composed of ladies engaged in England or India. They are graded as— Engagement, promotion, re-engagement.

Lady superintendents (one to each Command).

Senior nursing sisters.

Nursing sisters.

Promotion to the higher grades is by selection and rests with the C-in-C. (see Appx. I).

Lady nurses are engaged for a term of five years, reckoned from the date of embarkation in England, or of joining appointment in India, according to the place of engagement. With the permission of the G. of I. they may re-engage for a second, third, or fourth term of service, and may reckon towards the completion of a new term, any period of detention between the completion of the previous term and the date of departure on leave (see A. R. I., Vol. II). The engagement

Termination of engagement. is terminable at six months' notice on either side from the date of its receipt. But notice of not less than 30 days, from the date of its submission, will be accepted from a lady nurse on the conditions stated in para. 18, and on the other hand the G. of I. may dispense with the services of a lady nurse at any time, and grant her a gratuity under A. R. I., Vol. I.

Penalties for voluntary resignation.

18. A lady nurse who resigns, except on the recommendation of a medical board, will be called upon to refund—

(a) £10 if she gives less than six months' notice; and

(b) £20 on account of passage money if she was provided with a passage to India either on first appointment or on re-engagement, and does not complete her original or extended period of service, unless she did not avail herself of the passage admissible on her last re-engagement; or

(c) Rs. 100 on account of outfit allowance if she was engaged in India and has not completed two years' service.

These refunds will be paid into a government treasury on I. A. F. A. 507, and the treasury receipt attached to applications to resign with less than six months notice.

Army Hospital Corps.

Organization.

19. The A. H. Corps is organized for duty in hospitals for British troops, and is composed of—

Ward servants	} 1st, 2nd, and 3rd grades.	Dhobies	} 1st and 2nd grades.
Cooks		Water carriers	
		Ward sweepers	

The corps is divided into companies, one of which will be permanently allotted to each division and one to the Aden Bde. Each company will be subdivided into as many detachments as there are separate medical charges, and will be administered by the P. M. O. of the division or of the Aden Bde. by whom transfers between companies may be arranged in communication with each other.

Enrolment and attestation.

20. Men between 18 and 25 years of age and physically fit for the duties of the corps should be engaged locally whenever possible, but in special circumstances when all the men required cannot be so obtained companies may recruit in any convenient area. The men will be enrolled and their characters verified (I. A. F. K 1152) by the O. C. the station hospital concerned, and eventually attested under the I. A. W. (see I. A. F. K 1154). Sweepers can only be admitted to the sweeper class. Men who have served before may be re-enrolled, provided their age does not exceed 35 years; if above that age, the sanction of the Divl. or independent Bde. Comdr. is necessary.

Extension of service.

21. In special cases the Divl. or independent Bde. Comdr. may sanction the retention in the corps of men over 55 years of age.

Procedure in questions affecting the A. H. Corps.

22. Questions relating to the A. H. Corps will be disposed of as follows:—

(a) Discipline.

(b) Desertions.

(c) Leave.

} In accordance with the orders applicable to attested non-combatants contained in A. R. I., Vol. II, and I. A. W.

(d) Discharges—voluntary for bad character, and by invaliding.

(e) Advances of pay, pension or good conduct pay.

(f) Preparation and disposal of documents for corps purposes, transfers, pensioners, etc.

(g) Disposal of property of non-effectives.

(h) General conduct, complaints, prison arrangements.

} Unless otherwise provided for, will be dealt with under the rules for the native army.



- (i) Supply and up-keep of clothing and necessities—as laid down in A. R. I., Vol. XI.
- (j) All questions not specially provided for — under the orders of the Divl. or independent Bde. Comdr.

23. The permanent records of the corps are—

Corps records.

- | | |
|-------------------------------|----------------------------|
| (a) Attestation paper. | (d) Sheet roll. |
| (b) Long roll. | (e) Medical history sheet. |
| (c) Muster roll and pay list. | (f) Order book. |

Army Bearer Corps.

24. The A. B. Corps is organized for ambulance duties connected with the army, and consists of sirdars, mates, and bearers. Organiza-
tion.

The corps is divided into four divisions, one being allotted to each Command and one to the Secunderabad-Burma Divisions. Each division is sub-divided into companies allotted in peace as required, and in war to the field hospitals and units. Each division is administered by the Command P. M. O. concerned, assisted by a staff officer, A. B. Corps. The latter will also assist in medical mobilization arrangements. In divisions, brigades and stations the companies will be under the P. M. O. and S. M. O., respectively.

25. Men answering the following requirements will be enrolled by recruiting staff officers, in communication with the staff officers of the A. B. Corps and subsequently attested (I. A. F. K. 1154):— Enrolment,
attestation.

- (1) Age—between 18 and 25 years.
- (2) Height—5' 4" to 5' 8".
- (3) Minimum chest measurement—(18 to 21 years), 32 inches.
(21 to 25 „), 33 „
- (4) Physical fitness—same as for native army, but vision may be less acute.
- (5) Castes —

(In the United Provinces) Bathma, Bot, Dhinwar, Dhuriya, Gharuk, Goriya, Jaiswar (the Kahar and not the Kori or Rajput), Kamkar, Khawar, Mahar (the Kahar and not the Bombay Maher), Mullah, Raikwar, Rawani, Singhariya, Turai, and others of the Hindu Kahar caste from whose hands other Hindus will drink.

(In the Punjab) Jhinwar, Dhinwar, and Machhi (Hindu).

Suitable men under 35 years of age may be re-enrolled.

26. Paras. 22 and 23 are applicable to the A. B. Corps.

27. Accommodation in cantonments, on the line of march, and in the field, will be provided by the State as for transport followers. Corps
matters.
Accom-
modation.

Hospital establishments.

Permanent.

28. Military clerks are allowed to station hospitals under the rules contained in A. R. I., Vols. I and II, or civilian writers when the former are not available. Only such civilian writers as were employed prior to the introduction of the station hospital system retain their appointments when the hospitals to which they are attached are temporarily closed. Hospital
clerks.

29. European matrons and assistant matrons are sanctioned for station family hospitals (see Appx. I, and A. R. I., Vol. I). Extra matrons for special cases may be employed under the rules for extra temporary establishments. (See A. R. I., Vol. III.) Matrons for
station
family
hospitals.

30. An establishment of permanent servants is maintained in hospitals for native troops and followers, and in certain hospitals for British troops, in accordance with the scales given in Army Tables, Medical and Miscellaneous Services. They are enrolled followers, entertained by the officers in charge of hospitals, with the approval of the Bde. Comdr. Except on field service, when they are available for duty in field and general hospitals for native troops, those attached to corps will not be transferred. Permanent
servants for
Native and
certain
British
hospitals.

Attached.

Hospital
store-
keepers.

31. Hospital store-keepers are subordinates of the S. and T. Corps allotted to hospitals for British troops for the supply, custody, and maintenance in a complete and serviceable condition, of hospital equipment and supplies not in medical charge.

Hospital
store-
keepers
in relation
to M. O. in
charge.

32. They will issue, or receive back, articles of equipment and supply, arrange for and supervise the repair and washing of clothing and bedding, and perform any other duties connected with their position in hospitals that may be assigned to them by medical officers in charge, who will inspect their stores from time to time and bring to the notice of the S. and T. officer any defects they may discover.

Temporary
hospital
servants.

33. Temporary hospital servants may, under the rules in A. R. I., Vol. III, be employed for such period as their services are actually required. They will be obtained from and paid by the S. and T. Corps.

Administration.

Position and
duties of
P. M. O.,
India.

34. The P. M. O., India, is the staff officer of the C-in-C. and his responsible adviser on all sanitary and medical matters. He will issue the orders of the C-in-C. to L. Gs. C., and decide military-medical questions submitted to Army Hd.-Qrs. that do not require reference to the G. of I. Except as provided for in para. 3, he is charged with the distribution and allotment to the several Commands of the entire personnel of the military-medical service that is at the disposal of the C-in-C., including members of the M. N. S. He will annually inspect such stations and portions of the military-medical service as he considers necessary. In all departmental matters relating to the army medical service he is subject to the authority of the D. G., A. M. S.

Position
and duties
of Command
P. M. O.

35. The P. M. O. of the Command is the staff officer of the L. G. C. and his adviser on all medical and sanitary affairs. He will issue the orders of the L. G. C. to Divl. Comdrs. He will annually carry out such inspections on behalf of the L. G. C. as the latter may sanction, and take such action as the result of these inspections may indicate. He will distribute the personnel of the medical service in the Command according to requirements.

35A. The P. M. O. of the Divn. is the staff officer of the Divl. Comdr. and his responsible adviser on all medical and sanitary affairs. He will issue the orders of the Divl. Comdr. to Bde. Comdrs. He will annually carry out such inspections on behalf of the Divl. Comdr. as the latter may sanction, and take such action as the result of these inspections may dictate. He will distribute the personnel of the medical service in the division according to requirements. In the case of stations and troops under his direct charge he will also perform the duties of a Bde. P. M. O.

Position and
duties of
district
P. M. O.

36. The P. M. O. of the Bde. is the staff officer of the Bde. Comdr. and his responsible adviser on all medical and sanitary matters relating to the troops stationed in, or passing through, the Bde. He will issue the orders of the Bde. Comdr. on these matters. He will, on behalf of the Bde. Comdr., undertake such inspections as the latter may sanction, paying special attention to the sanitary condition of all buildings in use by the troops, of cantonments generally, and camping grounds in the Bde., to the food and water-supply, and to the conservancy, taking such action as the result of these inspections may require. He will, as occasion may offer, inspect all troops, including recruits, newly arrived in the Bde. He will distribute the personnel of the medical service in the Bde. in accordance with requirements. He will arrange for a strict inspection of field hospital equipment twice a year, and report (I. A. F. I 1144) on its condition and readiness for service; one of these inspections will be made personally.

At places where medical arrangements connected with the Royal Indian Marine exist, he will inspect them once a year; and he will be responsible for the medical arrangements for troops moving by sea.

37. P. M. Os. are appointed to the following divisions and brigades :—

Command.	P. M. Os. for Divisions and independent Brigades.	Direct charges.	P. M. Os. for subordinate brigades, charges being limited to those brigades.
Northern	1st (Peshawar) Divn. .	All troops in Divn.	Abbottabad-Sialkot Bdes.
	2nd (Rawal Pindi) Divn. .	All troops under Divl. Hd.-Qrs.	
	3rd (Lahore) Divn. .	All troops under Divl. Hd.-Qrs., and Multan and Ferozepore Bdes.	Sirhind-Jullundur Bdes.
	Kohat Bde. .	} All troops in Bde.
	Derajat—Bannu Bdes. .		
Western	4th (Quetta) Divn. .	All troops under Divl. Hd.-Qrs.	Karachi Bde. (Includes civil-medical administration of Sind.)
	5th (Mhow) Divn. .	All troops under Divl. Hd.-Qrs., and the Nasirabad Bde.	* Jubbulpore—Jhansi Bdes.
	*6th (Poona) Divn. .	All troops under Divl. Hd.-Qrs., and the Ahmednagar and Belgaum Bdes.	* Bombay Bde.
Eastern	Aden Bde. .	All troops in Bde.	Bareilly-Garhwal Bdes.
	7th (Meerut) Divn. .	All troops under Divl. Hd.-Qrs.	
	*8th (Lucknow) Divn. .	All troops under Divl. Hd.-Qrs., and the Allahabad and Fyzabad Bdes.	Presidency—Assam Bdes.
	*9th (Secunderabad) Divn. .	All troops under Divl. Hd.-Qrs., and the Secunderabad and Madras Bdes.	* Bangalore—Southern Bdes.
	Burma Divn. .	All troops in Divn.

* Visitors to lunatic asylums in their areas of charge.

38. The S. M. O. is on the staff of the O. C. the station, and is his responsible adviser on all medical and sanitary affairs. He will issue the orders of the O. C. on such matters, unless this is otherwise provided for (see the Cantonment Code).

39. The statistical officer to the G. of I. in the sanitary and medical departments will prepare such vital statistics of the army as may be required by the C-in-C., under whose orders the necessary particulars for the preparation of these statistics will be furnished. All documents so provided will be regarded as belonging to the permanent records of the office of the P. M. O., India.

Executive duties.

General.

40. A medical officer will, unless otherwise ordered, be nominated for the medical and sanitary duties, outside hospitals, connected with each unit (see Appx. I.) At stations where it is necessary, an orderly medical officer will be similarly detailed for duties connected with British troops, in and out of hospital. Regimental medical officers of the I. M. S. may be detailed by the S. M. O., as required, for duty in any native regimental hospital in the station.

41. Medical officers are required to attend without delay to sick calls from any persons entitled to medical attendance, and others in cases of emergency, taking such subsequent action as may be suitable with regard to those not in their official charge. In exceptional cases medicines for persons not in Government service may be prescribed from public stores.

42. Unless required to do so by law in medico-legal matters, medical officers may not assist persons unconnected with the service in official subjects, or in private enterprises, without the sanction of Government.

They shall not grant lunacy certificates, except in accordance with the Lunatic Acts in force.

Instruction
of juniors
in their
duties.

43. Junior medical officers and subordinates will be instructed by their seniors in their practical preparation for promotion, and in their duties on field service. They will, when necessary, or practicable, be detailed for duty with troops on field days.

Records to
be completed
by M. Os.

44. All entries of a confidential or responsible character, and those which involve professional knowledge, will be made in the handwriting of medical officers in the original copies of official documents.

Temporary
extra duties.

45. Medical officers in military and civil employment may be assigned temporary civil and military duties, respectively, as an extra charge, with the concurrence of the local Government and the Divl. Comdr. This sanction will cover changes of medical officers, if required.

Autopsies
only per-
mitted in
special
cases.

46. *Post-mortem* examinations will be made for medico-legal purposes only, or for the elucidation of some important and obscure illness in cases where the relatives do not object. The express permission of the deceased's relatives and O. C. must be obtained in the case of natives.

Duties connected with the sick.

General
duties of
officers in
charge of
hospitals.

47. Officers in charge of hospitals are responsible that the capabilities of the personnel, and the resources of the hospitals generally, are fully and properly applied to the care and comfort of the sick. Attention is directed to the orders contained in A. R. I., Vol. II, relating to the duties of medical officers.

General
duties of
those
attached to
hospitals.

48. Medical officers and others attached to hospitals for duty are responsible that the different duties assigned to them are discharged with scientific skill and completeness, and that order, comfort, and regularity prevail in the various parts of the hospital at all hours.

Prisoners
and prisons.

49. Prisoners who cannot be certified as fit for trial or commitment to prison, in accordance with the certificates (modified if necessary) on A. F. B. 116, C. 355 and 388, or I. A. F. D. 913, will be sent to hospital. Attention is directed to the duties of medical officers contained in the rules for military prisons, and the regulations for garrison and regimental provost prisons.

Change of
station on
account of
ill-health.

51. Medical officers are prohibited from recommending a change of station, for duty, for a public servant because the one in which he is serving does not suit his constitution.

Civil
paupers in
military
hospitals.

52. When destitute Europeans, unconnected with the army, are admitted to a military hospital, statements of issues of diet will be sent to the S. and T. officer, and of medical stores to the examiner of S. and T. accounts.

Private
practice.

53. Executive medical officers and subordinates may attend persons unconnected with government service, provided their duties admit of it.

Duties connected with troops moving.

Medical
arrange-
ments for
troops
moving.

54. When troops move from a station the following rules will be observed—

(a) all men unable to march will, as a rule, be detained until fit to rejoin their corps;

(b) such medical arrangements as may be necessary will, in the case of healthy men moving by railway, be made under the orders of the O. C. the station; in all other cases under the orders of the Bde. Comdr. Hospital arrangements for movements are laid down in para. 99. The reserve of field medical equipment for detachments moving is given in Army Tables, Medical;

(c) during the journey, the sick will be transferred to other hospitals, as may be necessary;

(d) when proceeding by rail to Deolali, a health certificate will be furnished in accordance with the instructions on I. A. F. M. 1241.

Duties
connected
with sick
at ports of
disembarka-
tion.

55. On the arrival of British troops in India—

(a) the medical officer in charge will furnish the documents required by the Regs., A. M. S., and the medical certificates of sick transferred from hospitals at home;

- (b) the sick belonging to corps for the Northern, Eastern or Western Commands will, if practicable, be sent to Deolali. In the case of corps for the Secunderabad-Burma Divns., such sick as are not likely to be fit for early duty in the plains will be sent to Wellington.

Duties connected with recruits and reservists.

56. Recruits for the British army will be examined by officers of the R. A. M. C. in accordance with the orders contained in the Regs. A. M. S. British Army.

57. The examination of recruits for the native army, of soldiers for the reserve, and of attested non-combatants, will be conducted by officers of the I. M. S. in military employment, and by civil surgeons when military medical officers are not available. Recruiting staff officers are responsible for the measurements, apparent age, intelligence, and promise of development, of recruits selected by them, the medical officer being responsible for the physical and mental suitability, and identification marks. Native Army.

58. Instructions for the examination of recruits and non-combatants are given in I. A. F. K 1160. The particulars of all cases examined will be entered in the recruit register (A. B. 46), and the medical history sheets will be completed as soon as recruits are approved by the O. C. corps. Medical examination of native recruits.

59. The medical examination of men for the reserve will be limited to ascertaining their fitness for further duty according to the average of their class and length of service; they will not be rejected on account of minor disabilities. Examination of reservists, native army.

Duties of the I. S. M. D.

60. The members of the I. S. M. D. will perform any duties for which their position and training fit them. At least one assistant surgeon or hospital assistant should be available for duty, day and night, in each hospital for British or native troops. They are not to treat cases of sickness amongst officers, warrant and N. C. Os. and men in barracks and quarters. In the absence of the medical officer, the assistant surgeon or hospital assistant in subordinate charge will be responsible for the hospital being conducted in accordance with orders. General duties.

61. They will not be placed in medical charge of rest-camps. When attached to these, they will meet all trains conveying troops, and in the absence of a medical officer, detain any individuals unfit to continue the journey. Posting to rest-camps.

Duties of the M. N. S.

62. Lady nurses will perform such duties in hospitals for British troops as their position and training fit them for. They may be sent by the Bde. Comdr. to any out-station where their services may be required, provided no extra expense to the State is incurred on account of accommodation, but, except to nurse a sick officer, they will not be detailed for duty singly. Their duties will be performed under the supervision of the lady superintendent who, for this purpose, will visit each hospital in the Command once a year. In the absence of the lady superintendent, the senior nursing sister in a station will supervise the nursing duties. The prescribed uniform is laid down in Appx. III. General duties.

63. They are not permitted to accept presents of any kind in connection with their duties, and while on duty they will restrict their communication with patients to matters connected with their duties. Acceptation of presents forbidden.

64. If a lady superintendent, or nursing sister, is suspended from duty by the officer in charge of the hospital for neglect of duty, or misconduct, the case should be reported to the Bde. Comdr. who will, if necessary, order the assembly of a court of inquiry (composed of two senior combatant officers) to investigate the matter. If the Bde. Comdr. cannot dispose of the case himself, he will refer it for the orders of higher authority. Procedure in cases of neglect of duty or misconduct.

Duties of the A. H. and A. B. Corps.

65. The men of the A. H. Corps will be employed, according to their respective classes, so as to ensure a sufficient number being available by day and night for attendance on the sick. General duties, A. H. Corps.

Duties of the
A. B. Corps
in peace.

66. In addition to being trained in corps duties, bearers should be employed on any government work suitable to their caste, such as water-carrying, work in S. and T. godowns, etc.

Medical Attendance.

Medical
attendance,
gratuitous.

67. The following persons (and their families, except in cases marked*) are entitled, whether at their own or another station, to gratuitous medical attendance, including consultations between government medical officers when asked for by the appointed attendant, and such medicines and appliances as may be available from public stores†:— Military officers, lady nurses, army schoolmasters and schoolmistresses, warrant officers, staff sergeants of departments, and entitled pensioners (not pensioners' families), may be admitted into army hospitals if accommodation is available and the medical officer recommends this course; but they are entitled to attendance in their quarters if they prefer it. If an officer calls in any medical officer, except the one provided by Government, the usual fees may be claimed.

Entitled persons.

- | | | |
|--|---|--|
| <p>(a) All ranks, British troops.</p> <p>(b) All ranks, Native troops.</p> <p>(c) Army Hd.-Qr. staff and clerks.</p> <p>(d) Command Hd.-Qr. staff and clerks, divisional, brigade and station staff.</p> <p>(e) Officers, military subordinates, and establishments* of the departments of the army, officers of the M. W. S., military subordinates of the M. W. S. and P. W. D., U. L. telegraph signallers, and military clerks employed in the Military Secretariat of the G. of I., and the offices of the D. G. O. and D. G. of Contracts and Registration.</p> <p>(f) Officers, Royal Indian Marine.</p> <p>(g) Cantonment magistrates and chaplains.</p> <p>(h) *Military clerks in offices not mentioned above.</p> <p>(i) •Military officers in civil employment.</p> <p>(j) European pensioners of the Indian military service, including retired departmental officers with honorary rank, and warrant officers, if not in receipt of a pension or gratuity from the civil department.</p> | } | <p>in military employment‡ and not otherwise provided for.</p> |
|--|---|--|

Appointed medical attendant.

A medical officer from the station hospital. (See Appx. I.)

Medical officer in charge of corps.

Surgeon to C-in-C. (during his absence from Simla, the junior civil surgeon.)

The staff surgeon.

If residing—

(a) in cantonments (or just outside, if no civil surgeon is available)—the staff surgeon.

(b) in the civil lines—the civil surgeon.

(c) within the limits of his charge—the district or presidency surgeon.

At hill stations the civil surgeon attends all entitled persons not doing duty with troops.

The staff surgeon will also attend all persons residing in the cantonment who may be entitled to gratuitous attendance under civil rules, unless the civil surgeon resides in the cantonment for his own convenience when he will attend such persons.

Where a civil or staff surgeon is not sanctioned, local arrangements will be made.

+ From a military hospital or dispensary, if ordered by a medical officer in military employment; and from a State-aided civil dispensary, if ordered by a civil surgeon. Military staff officers at the presidency towns must provide their own medicines and appliances. Clerks are allowed medicines for their families, in all offices in Simla, and those in Murree during the winter.

‡ Officers on the unemployed and retired lists, who reside in India by permission, or for their own convenience, are not entitled to attendance.

<i>Entitled persons.</i>	<i>Appointed medical attendant.</i>
(k)* Ditto—if in civil employment.	{ Where an assistant surgeon or hospital assistant is sanctioned to assist the appointed medical officer, he will attend civilian clerks and others drawing less than Rs. 250 and Rs. 50, respectively.
(l) Civilian employés (other than clerks) of the ordnance department.	
(m) Sergeant-instructors of volunteers.	Medical officer of volunteers, if there is one in the same station, otherwise as in (e).
(n) *Public followers.	{ Staff of followers or cantonment hospital.
(o) Officers' servants (native).	

Sanitation and prevention of disease.

68. So far as the authorized arrangements of the service admit of it, the most approved modern principles of sanitation, and for the prevention of disease, will be constantly applied in connection with the troops. The special attention of medical officers will be directed to supervising the arrangements connected with accommodation, air space and ventilation, the source and quality of supplies, kitchen methods, conservancy arrangements, drainage, dust, general cleanliness, the banishment of flies and mosquitoes, the personal hygiene of the troops and followers (particularly those dealing with food, milk, water, and washing), the selection of camping-grounds, camp hygiene, the detection of disease and its cause, and disinfection. General rules.

69. Special sanitary officers are appointed to Army and Command Hd.-Qrs. for the purpose of investigating and advising on the cause and prevention of disease, and sanitary questions in general. Command sanitary officers may have a medical officer from the station hospital associated with them in their work at the Hd.-Qrs. station. Special sanitary officers.

70. A laboratory will be established in the station hospital at the Hd.-Qrs. of each P. M. O. (except the Kohat and Derajat-Bannu Bdes.) for conducting minor sanitary and bacteriological investigations. District laboratories.

71. The duties of the S. M. O. in connection with the general sanitation of cantonments are laid down in the Cantonment Code. He will be assisted in these duties (so far as their respective charges are concerned) by the medical officers in charge of units and hospitals, who will make such inspections as may be ordered and bring to his notice any matter relating to the health of the troops of the station, which may require the orders of the O. C. the station (see para. 38) or the cantonment authority (see Cantonment Code). The general state of sanitation and defects awaiting removal will be noted in periodical health returns. Sanitary duties in cantonments.

72. The S. M. O. will keep himself acquainted with the sanitary condition of camping-grounds and country in the neighbourhood of cantonments, and the health of the inhabitants, with a view to the detection of any condition which may threaten the health of the troops. Insanitary surroundings of cantonments.

73. He will maintain a strict inspection of the water-supply from its source to the point of distribution with a view to the detection of possible pollution or deficiency. Samples of drinking water from each station will, under the orders of the Bde. Comdr., be analysed before and after the monsoon each year, and any unsatisfactory condition noticed will be reported. Inspection of water-supply by the S.M.O.

74. The tinning on cooking utensils will be tested occasionally for the presence of lead. Tinning of cooking utensils.

75. Troops will be medically inspected on their arrival at, and departure from, a station, and whenever necessary. Married men will, as a rule, be excused venereal inspection (see K. R. regarding health inspections prior to embarkation). Health inspections of troops and families.

76. Medical officers will, in October in each year and whenever small-pox prevails in the station or its neighbourhood, take steps to vaccinate or re-vaccinate all persons (adult females of the families of native troops excepted) in their respective charges who do not show satisfactory marks or other records of successful vaccination or re-vaccination. Recruits must be vaccinated on joining, and children Vaccination and re-vaccination.

should be re-vaccinated after ten years. Officers' and soldiers' children may be refused homeward passages if they have not been vaccinated or re-vaccinated. These orders do not apply to persons who bear marks of small-pox. Vaccine lymph is procurable from the sanitary department of the province.

Conservancy.

"Dry earth" system of conservancy.

77. The "dry earth" system of conservancy is authorized for British troops; it consists of—

- (a) the immediate application of about 3 lbs. of perfectly dried and pulverised earth to each stool.
- (b) the prompt emptying of the night-soil into air-tight receptacles, and the cleansing of the pans with wood ashes, or fine dry earth—not with water, except in the case of iron pans.
- (c) the removal of night-soil in the above receptacles, or in carts, to the place appointed by the cantonment authority for its final disposal. Care must be taken that the drainage or dust from this site is not likely to injuriously affect the inhabitants of the neighbourhood.
- (d) the above procedure, (b) and (c), in connection with urinals.
- (e) the periodical cleansing and tarring of iron pans, receptacles, urinals, and carts.
- (f) the daily cleansing of impermeable floors by damp mops or cloths only.

Final disposal of excreta ("dry earth" and removal system).

78. Excreta will be finally disposed of in one of the following ways:—

- (I) mixed with litter, or dry rubbish, and burned at places where incinerators are established.
- (II) the solid portion is deposited in layers of 3 inches deep in freshly cut trenches (1 ft. wide by 9 in. deep and 1 ft. apart) and immediately covered over with well pulverised earth. The urine and cook-house water should be poured into separate trenches (6 inches deep, with the bottom earth loosened) and covered with earth. Light loam is the best soil for trenching, and black cotton soil the worst. All receptacles should be well cleaned at the trenches before returning.

The "trench" system of latrines for native troops.

79. The "trench" system of latrines will be adopted for native troops and their followers, except at stations for which the plan of removal and disposal described in para. 77 has been sanctioned. It consists of movable latrines, or screens, placed over trenches of the kind described in para. 78 (II) and dealt with in the same manner when the night-soil and earth, thrown in for deodorising purposes, has reached a depth of three inches.

Ground used for conservancy purposes to be cultivated.

80. Ground which has been used for trenching or latrine purposes should be broken up by the cantonment authority at the first seasonable opportunity after two months, and sown with rapid growing crops, such as bajra, jowar, or lucerne. It must not be again used for conservancy purposes before at least one crop has been taken off it.

Disposal of excreta of cholera and other patients.

81. Excreta of patients suffering from cholera, enteric fever, or other infectious diseases, will, after disinfection, be burned or boiled if possible; otherwise, removed in receptacles allotted for the purpose and buried apart from other excreta.

Conservancy establishments for hospitals.

82. The scale of conservancy establishments for hospitals for British troops, and followers, is given in Army Tables, Medical, and for regimental hospitals in Army Tables, Miscellaneous Services.

Infectious diseases and epidemics.

General.

General rules for all infectious diseases.

83. Whenever disease of an infectious or epidemic character appears among troops, their families, or followers, the S. M. O. will at once take steps to trace its origin. The O. C. the station (or troops) will direct the measures to be taken in connection with the troops, and will arrange, if necessary, for the exercise of the powers given under the Cantonment Code for dealing with these outbreaks.

Reports of the occurrence, and the progress of the disease, with the action taken, should be made to the Bde. Comdr. (and the civil authorities, if necessary), who will similarly report to the Divl. Comdr. and the L. G. C.

The following will be included in the measures to be adopted (see para. 84 for additional rules in the case of cholera), and the S. M. O. will be responsible that the necessary instructions are communicated to those concerned and carried out:—

I. (by the O. C. unit). The room and subsidiary buildings occupied or used by the sick should be at once vacated, freely ventilated, and no person allowed to enter them, except for the purpose of purification.

The sick will be isolated within cantonment limits, either in buildings, grass huts, or the oldest suitable tents procurable, without prohibitive delay or expense, as may be recommended by the S. M. O.

The contents (other than furniture) of infected buildings will be dealt with as follows, after fumigation and disinfection by the medical authorities:—coir infected by the sick should be burned; other coir will be opened out, exposed to the sun and air, and beaten before being used again. All other articles which can be so treated without injury, should be boiled for half an hour, exposed to the air, beaten and washed in soap and water. Articles which cannot be purified on the spot, or by removal to hospital, may, on the recommendation of the medical officer in charge, be burned.

II. (by the medical authorities). Infected buildings and their contents, kitchens, lavatories, latrines, ground, wells, conveyances, etc., will, so far as practicable, be fumigated and disinfected, and such further measures of the same kind as become necessary during the course of the disease will be promptly carried out. Infected tents will be fumigated, disinfected and exposed to the air for ten days, before return to store. See A. R. I., Vol. II.

The scale of authorized disinfectants is given in Army Tables, Medical, and Units (in the case of native troops).

III. (by M. W. S. or P. W. D.). The walls, ceilings, and all lime-washed parts of a public building which have been occupied by a case of infectious disease, will be thoroughly scraped and limewashed. The floor, woodwork and furniture should be well washed with country soap and hot water. The doors and windows should be left open for ten days.

Cholera.

84. When cholera threatens, or prevails among troops, their families, or followers, the following measures, in addition to those laid down in para. 83, will be adopted as far as required for precautionary and preventive purposes. The O. C. the station will use his discretion as regards adhering strictly to these rules, but he will be responsible that everything necessary is done for the prevention or stamping out of the disease, and that all necessary instructions are communicated to those concerned:—

Special
rules for
cholera.

I.—The health, death-rate, and sanitary condition of bazars and of the surrounding district, should be ascertained and carefully watched, and all communication between infected and non-infected places prohibited so far as the regulations and the Cantonment Code permit.

II.—Native establishments will, if possible, be provided with temporary accommodation in the lines, and should be placed under strict sanitary supervision. Special arrangements will be made for their drinking water, and water for sanitary purposes will be provided at the latrines in iron tanks with taps. Similar tanks should be provided in all hospital latrines and labelled “for sweeper’s use only.”

III.—Perfect sanitary conditions should be enforced in every department; special attention is necessary in the supervision of food and water, with reference to the sources of supply and possible contamination. Drinking water and milk must be boiled, and all uncooked food prohibited. Regimental institutes should procure bread, meat, cakes, etc., from regimental bakeries of the S. and T. Corps (see para. 68).

IV.—Medicines supplied from hospital stores, should be available in all barrack rooms for the treatment of persons suffering from diarrhoea. Sweepers should be ordered to bring all such cases to notice.

V.—Camping grounds should be put in order, under the supervision of a medical officer. Localities with a bad cholera history, or those much frequented by natives, must be avoided.

VI.—When a case of cholera occurs among the troops or families, the whole of the building in which it occurred, and the subsidiary buildings, will be vacated at once, and the measures laid down in para. 83 carried out. If a second case should occur among the party so moved out of barracks, it will be moved again, and on the occurrence of a third case the party must be moved out of cantonments into a sanitary camp.

The latter procedure should be adopted in the first instance if a number of cases occur in different buildings and if, from other circumstances, an outbreak is feared. If the disease continues unabated by the move for a few days, into the sanitary camp, a fresh move will be made. In these, and other movements which may be undertaken, the principle to be aimed at is a change of accommodation and food and water supplies. The distances need not be great, and the moves should be made in very open order and at right angles to the prevailing wind. If all the troops are moved into camp, the ordinary sick who are fit to be moved will accompany them. Movements by rail require the sanction of the Divl. Comdr. When these are undertaken, special latrine arrangements will be made at intervals along the line. The trains should not stop at the stations.

Cots, water, and cooking utensils used by the infected troops must be left behind. Cooking utensils should be at once re-tinned and then washed with permanganate of potassium. All articles which must be taken from an infected place should first be purified (see para. 83). Charpoys or straw are allowed for sanitary camps (see A. R. I., Vol. V.)

VII.—In sanitary camps, the tents should be spread over a large area, and a reduced number of men placed in each. Every sanitary measure likely to be of benefit will be carefully attended to. New wells, or Norton's tubes, may be sunk, if required, to improve the water-supply. Everything should be done to promote the general health, comfort, and spirits of the men; temperance and healthy amusements should be encouraged, and irksome duties, fatigue, and exposure avoided. During the continuance of cholera, such changes in food, and such extra diet and medical comforts, as the medical authorities may recommend, will be issued.

VIII.—The O. C. the station, or troops, will keep up communication with—

- (a) the civil authorities—regarding the general state of the disease, the measures and movements adopted, and the extent to which co-operation or assistance is necessary.
- (b) the railway authorities—with reference to probable movements by rail (see VI).
- (c) the officer in charge of the nearest arsenal or ordnance depot—with reference to possible demands for tents. If the number to be accommodated in camp is likely to exceed one fifth of the garrison, extra tents will be demanded on emergent indent.

IX.—He will report—

- (a) by telegraph, daily, to the P. M. O. of the Command, and Divn., and of the Bde. (if not in the same station) during the continuance of the disease (see I. A. F. Z 2000); to the P. M. O., India, if the outbreak is a violent one or unusual events of importance occur. See Appx. V for telegraphic code. A report of the outbreak will be sent to the sanitary commissioner of the province.
- (b) by post, to the D. A. G., and the sanitary commissioner of the province, as laid down in I. A. F. Z 2000; and to the

Bde. P. M. O. (if in the same station), daily, in lieu of the telegraphic report.

A special report of extra expenditure incurred in connection with the disease should be made to the Divl. Comdr. as early as possible.

X.—The troops will not be allowed to return to cantonments until a safe interval has elapsed since the occurrence of the last case of cholera there, and in the camp. No building should be re-occupied unless ten days have elapsed since the occurrence of the last case in it, nor before it has been thoroughly purified.

XI.—European attendants for cholera cases should, as far as possible, be volunteers.

XII.—Whenever during a cholera epidemic of unusual severity the services of hospital servants call for special recognition, a full report will be submitted by the medical officer in charge for transmission to the C-in-C. and the G. of I.

Medical boards and invaliding.

85. Medical boards, as described below, will be assembled under the orders of the Bde. Comdr. (the O. C. the station, in very urgent cases), and will consist of three medical officers, if available, but not less than two; the Bde. P. M. O., as a rule, acting as president. If it can be avoided, the medical officer in charge of a case should not be a member of the board which considers it, and in no case can he act as president.

Medical boards, how convened.

- (a) Standing—whenever required, at Divl. or Bde. Hd. Qrs.
- (b) Periodical invaliding (British)—early in September, January, and (if necessary) February.
- (c) Annual invaliding (native troops and followers)—ordinarily in November, at the Hd.-Qr. stations of corps or depots. Men of the Punjab police may be brought before these boards. When a board cannot be assembled, the O. C. corps is authorized to dispose of cases on the certificate of the medical officer.
- (d) Special—at any time or place, as required.

86. The following cases will be dealt with by medical officers and medical boards, in accordance with the instructions on the forms or in the regulations noted below:—

General cases dealt with by medical boards.

- (a) British officers, soldiers on the U. L., lady nurses, schoolmasters and school-mistresses, and the families of soldiers, recommended leave, furlough, or change of climate, on medical certificate—see I. A. F. M 1243, and A. R. I., Vols. I. and II.
- (b) Warrant and N. C. Os. and men of British corps, proposed for change of climate, or invaliding see A. F. B 172, 178, 179, and A. R. I., Vol. II.
- (c) Insanes.
 - (I) Officers and departmental warrant officers—see I. A. F. M 1243-4, A. F. B. 183, and A. R. I., Vol. II.
 - (II) Soldiers—see A. F. B 172, 178, 179, 183, I. A. F. M 1244 and A. R. I., Vol. II.
 - (III) Soldiers' families—see Civil Lunacy Act, and I. A. F. M 1245.
- (d) Claims of British officers to wound pensions or gratuities—see A. F. A 45A, R. W., and A. R. I., Vol. I.
- (e) Applications for furlough or leave (under the 1866 or 1875 rules) on account of disability which originated on field service—see I. A. F. M 1243.
- (f) Members of the I. S. M. D. proposed for invaliding—see I. A. F. A 311, and A. R. I., Vol. III.
- (g) Native officers, soldiers, and followers considered unfit for further service, or claiming wound pensions, or gratuities—see I. A. F. Y 1948 and A. R. I., Vol. III.
- (h) Unattested followers, and persons serving under the C. S. Regs. (under 60 years of age), proposed for invaliding, or

claiming pension—see I. A. F. M. 1239, C. S. Regs. and A. R. I., Vol. III.

NOTE.—Para. 51 is applicable to medical boards.

Insanes.

Admission
to and
discharge
from lunatic
asylums.

87. Whenever any person subject to the provisions of the A. A. has been declared a lunatic, and it appears to either the P. M. O., India, D. G., I. M. S., surgeon-general with the Government of Bombay or Madras, or the P. M. O. of the Command to which the said lunatic belongs, that his immediate removal to, or detention in, military custody until a convenient opportunity occurs for his despatch to England, is inexpedient, such officer may order the admission of the said lunatic into the lunatic asylum at Bhowanipore, Madras, Bombay, or Rangoon, or such other lunatic asylum as may be duly authorized for the purpose by the Governor-General in Council, and the officer in charge of such asylum shall receive and detain the said lunatic therein until discharged therefrom, in accordance with the military regulations in force for the time being, or until an admitting officer applies for his transfer to the military authorities in view to his removal to England.

Whenever it appears to the officer in charge of a lunatic asylum that the discharge of a military lunatic is necessary, either on account of his recovery or for any other purpose, such person shall be brought before the visitors of the asylum, and on the visitors recording their opinion that the discharge should be made, the authorized admitting officer shall forthwith order him to be discharged, and such discharge shall take place in accordance with the military regulations in force for the time being.

Observation
for, and
declaration
of, insanity.

88. Any person to whom the above applies who is considered by the medical officer in charge to be suffering from mental disability, will be placed under observation and treatment for, as a rule, one month. If the diagnosis of insanity becomes clear, and there is no prospect of immediate recovery, lunacy certificates (see I. A. F. M. 1244) will be made out and application made to bring the case before a medical board (see paras. 85—86).

Disposal of
insanes by
Command
P. M. O.

89. The Command P. M. O., will, on receipt of the medical documents (see para. 86), decide whether the insane should be sent to a lunatic asylum, or be detained at his station pending embarkation for England. In the former case he will issue an admission order (I. A. F. M. 1246), without which the patient cannot be removed from his station, whether for direct embarkation or not (see I. A. F. M. 1246 and A. R. I., Vol. II.).

Disposal of
incurable
insanes.

90. If an insane officer or soldier, after a reasonable stay in a lunatic asylum, shows no sign of recovery, he will, on application to the Command P. M. O., be sent to England.

Families of
soldiers.

91. Insane wives or children of soldiers will, when necessary, be dealt with under the Civil Lunacy Act. I. A. F. M. 1245 will be used for admission to an asylum.

Native
insanes.

92. The rules for the disposal of native insanes are given in A. R. I., Vol. II.

General
rules for
management
of insanes.

93. Insanes will, when practicable, be accommodated apart from other patients. Medical officers in charge will issue, in writing, such special instructions as may be suitable for each case, whether in hospital or travelling, and will supervise the general bearing and conduct of subordinates and attendants towards these patients. Mechanical restraint will be restricted to the use of the strait jacket and bed sheet. Orders for attendants on insanes are given in I. A. F. M. 1202.

Hospitals, dispensaries.

General.

Authorized
accommoda-
tion and
furniture.

94. The hospital accommodation authorized for troops and followers, and the instructions relating to the supply, custody, repair and inspection of hospital buildings, fixtures and furniture, are contained in A. R. I., Vols. II and XII. When hospital accommodation is insufficient, spare barrack rooms or tents may, under the orders of the

O. C. the station, be utilised for the sick. Extra hospital furniture may be obtained with the sanction of the Bde. Comdr., and spare barrack furniture on ordinary requisition. The rules relating to the receiving and making over charge of buildings and stores are contained in A. R. I., Vol. II.

95. The orders contained in A. R. I., Vol. II., which relate to barrack damages are applicable to hospitals. Barrack damages which are not chargeable to the hospital establishment, or to individuals, will be proportionately assessed against the units sending sick to the hospital. Hospital
barrack
damages.

Station hospitals, British troops.

96. Station hospitals are for the reception of European N. C. Os. and men, and also, when suitable accommodation is available, for officers, lady nurses, warrant officers, and other Europeans (see para. 67, and A. R. I., Vol. II.). Persons
treated in
station
hospitals.

97. Where a station hospital garden is not maintained by the cantonment authorities, and the hospital has a separate compound, the cantonment fund may defray the initial cost of laying out a garden and give a monthly up-keep allowance of Rs. 8. Hospital
gardens.

Non-dieted station hospitals.

98. Non-dieted station hospitals are allowed for stations where less than 50 British troops are quartered, and at railway rest-camps where the distance from a station hospital renders this necessary. Non-dieted
hospitals.

Hospital equipment is sanctioned for rest-camp hospitals, and for Seetabuldee (see Army Tables, Medical). At other places, barrack bedding, clothing, and utensils will be used for the sick and will be in regimental charge. Rations and cooking will be arranged for regimentally, but for special cases medical comforts and hospital cooking will be available.

Hospitals for troops moving.

99. The following hospital arrangements will be made for troops moving. Hospital stores and equipment will be made up as far as possible from the station stock, and will be replenished as required from hospitals on the road— Hospital
arrange-
ments for
movements.

(a) by rail—the hospital accommodation is given in A. R. I., Vol. X, and equipment in Army Tables, Medical.

(b) by road—a special scale of equipment, tents, lascars, carriage and ambulance transport is laid down in Army Tables, Medical and Units, and I. A. F. Z 2150. Rations and cooking are arranged for regimentally, but medical comforts and hospital cooking will be available for special cases. When these arrangements are considered insufficient one or more sections of a field hospital may be sent, with the approval of the P. M. O., India.

(c) at camps of instruction—special as may be ordered.

(d) by sea—see the Marine Regulations.

100. A watchman may be employed by the S. and T. Corps for guarding hospital stores on the line of march, when the medical officer in charge certifies that no military guard or policeman is available. Watchman
for hospital
stores.

Station family hospitals.

101. Station family hospitals are sanctioned for the stations noted in A. R. I., Vol. I., and are intended for the reception of the families of British troops on the married roll. Boys over 10 years of age will, as a rule, be sent to hospitals for men. Family hospitals are sections of station hospitals; those only opened occasionally as required will be non-dieted, and generally located in spare barrack rooms. Sick women and children at out-stations may be sent when necessary to the nearest station family hospital. Station
family
hospitals.

Regimental hospitals, native troops.

102. A regimental hospital is authorized for each unit of native cavalry and infantry, and British or native mountain artillery. Native drivers of other artillery units, and native officers and men of the Imperial service troops when attached to the army, will also be treated in these hospitals without charge. Native officers are to be treated in Hospitals
for native
troops.

separate wards. When all these hospitals are amalgamated in one building, or enclosure in the station, they will be in charge of the S. M. O., but, with the exception of infectious or contagious cases, the sick of each unit will be treated in a separate ward or building. The surgical and medical stores will be controlled by the S. M. O. Otherwise, the O. C. the unit will be responsible for discipline and all questions of interior economy.

Followers hospitals.

Regimental and departmental followers hospitals.

103. Regimental followers hospitals are provided for the native establishments attached to British units, and the men of the A. H. Corps. They are under the officer in charge of the station hospital and receive their servants and supplies from that source. Departmental followers hospitals are for men of the A. B. corps and the followers of departments, and are in the charge of the staff surgeon.

At stations where neither followers nor cantonment hospitals exist, or do not afford the necessary accommodation, regimental and departmental followers may be admitted to hospitals for native troops. At Kirkee, followers of the ordnance department are accommodated in a native section of the station hospital. Condemned bedding and clothing will be supplied to these hospitals by the S. and T. corps.

Dispensaries.

Dispensaries, garrison.

104. Dispensaries are sanctioned at—

- (a) Fort William—for dispensing the prescriptions for the station and district staff. A ward with six beds, for British troops, is attached.
- (b) Fort St. George—for dispensing the prescriptions for the ordnance staff and Governor's band.
- (c) Jubbulpore, Kirkee, and Cossipore—for the treatment of factory employés.
- (d) Baroda and Neemuch—for followers.

Cantonment hospitals and dispensaries.

Provision, management and classification.

105. Cantonment hospitals and dispensaries are provided by cantonment authorities under the provisions of and for the purposes stated in the Cantonment Code. Under the orders of the Divl. Comdr. they will be administered by the Divl. P. M. O. In other respects, they are under the cantonment authorities. They are classified as —

1st class—for stations having 1,000 or more British troops.

2nd class—for stations having less than 1,000 British troops.

Duties of the cantonment magistrate; budget estimate.

106. The accounts connected with the hospital fund, the payment of bills, and repairs to hospital buildings, will be arranged for by the cantonment magistrate, who, in concert with the medical officer, will frame the budget estimate (see I. A. F. A 222) and arrange the allotment of funds when sanctioned. The transfer of savings under one budget sub-head to meet additional expenditure under another, requires the sanction of the Bde. Comdr. and should be communicated to the civil accounts officer.

Procedure in closing cantonment hospitals or dispensaries.

107. When these institutions are closed the unexpended cash balances and value of the equipment, stores and furniture, will be credited to cantonment funds if the hospital was maintained wholly or mainly from these funds, otherwise to Government. Medical and surgical stores will be returned to the medical store depot, and furniture supplied by the M. W. S. to that department, unless provided from hospital funds when it will be sold together with miscellaneous equipment.

The G. of I. should be informed, through the C. M. A., of the unexpended balance of the grant-in-aid to be relinquished.

Medical establishment.

108. A medical officer, and a suitable establishment, will be appointed to each hospital or dispensary. (See Appx. I.)

General duties of medical officer in charge.

109. The medical officer will be responsible, under the S. M. O., for the care and treatment of the sick, the custody of hospital property, the expenditure of the hospital funds, and the submission of returns, bills, and vouchers. He will receive an imprest for comforts and contingencies. He will act as assistant to the S. M. O. for the sanitary inspection of the cantonment, particularly the parts of it inhabited by natives.

Hospital dietary.**British troops.**

110. The dietary detailed in I. A. F. M 1203 will be provided in station and station family hospitals. Ordinary dietary.

111. Medical officers may order any articles of food (including fresh fruits and extra ice) or drink, procurable by the S. and T. Corps, that they consider necessary for the sick (including soldiers' families), subject to the conditions noted in I. A. F. M 1203, and the submission of the diet sheets in which these articles appear to the Bde. P. M. O. for supervision. Extras.

112. Wines, spirits, and bottled malt liquors, will be supplied by the S. and T. Corps. Draught malt liquor will be procured from regimental liquor bars. Stimulants, how obtained.

113. Except as provided for in paras. 84 (VII) and 114, soldiers must be admitted to hospital to entitle them to hospital diet, extras, or medical comforts. Soldiers families may receive medical comforts in their quarters when they are sick and hospital accommodation is not available. The issue of diet, extras, or medical comforts, under any circumstances will be accounted for in the diet sheet, I. A. F. M. 1204. Hospital diet, extras, or medical comforts, when admissible.

114. On the day of admission to or detention in hospital, patients may be ordered any of the following extras:—milk, tea, sugar, arrowroot, sago, extract of beef, essence of mutton, stimulants, aerated waters, and drinks. Extras to patients not on hospital diet.

115. When articles of diet are rejected by the medical officer in charge as unfit for the sick, he will inform the S. and T. officer whether the articles are fit for men in health, or for sale. If the medical officer considers stimulants, or lime juice, of inferior quality, he will obtain a sample from the S. and T. officer and forward it for analysis. If the result is unfavourable, the articles will be withdrawn. Supplies objected to by the medical officer.

116. Except when milk is supplied by a government dairy, the cows will be milked at the hospital, morning and evening. Supply of milk.

117. In order to ensure the expenditure of field medical comforts before deterioration, medical officers will accept these articles in place of fresh stores of a similar nature when tendered by the S. and T. Corps. Turn-over of field medical comforts.

118. Ice for ordinary purposes is authorized for hospitals in the plains during such periods as may be fixed by the Bde. Comdr. (see Army Tables, Medical). Hot weather supply of ice.

Native troops and followers.

119. The medical officer will note in the diet sheet the ordinary diet with which the patient should provide himself, and will apply, if necessary, for an advance of the man's pay to meet the cost of purchase. When ordering diet for native sick the caste or religion of the patients, and the restrictions as to food which this imposes on them, will be borne in mind. Patients provide their own diets.

120. For cases requiring it, the medical officer may order a free supply of medical comforts (see I. A. F. M 1204, and Army Tables, Medical and Units). Medical comforts to supplement diets.

Hospital equipment.**General.**

121. Hospitals will be equipped, according to the authorized accommodation, with the articles detailed in Army Tables, Medical, and Units (in the case of regimental hospitals). Sections of station hospitals will be supplied with equipment direct, except in the case of articles of medical supply, certain necessities which are not purchased locally, and stationery, which will be distributed by the medical officer in charge, who will include in his requisitions the requirements of all the British sick in the station. The rules relating to requisitions, and the general procedure and responsibility connected with stores, will be found in A. R. I., Vols. II. and III. General rules.

122. The senior member of the I. S. M. D. will be responsible for the safe custody of all stores in medical charge. Receipts and issues of expendable articles will be superintended by the medical officer in charge, and recorded in the expense store book (I. A. F. M 1227). Stores in medical charge.

Lost or
damaged
instruments.

123. Loss or damage to medical instruments will be assessed at full, two-thirds, and one-tenth of stock book rates, according as the articles were serviceable (or of silver), repairable, and unserviceable, respectively.

Destruction
of infected
articles.

124. Articles which have been used in connection with persons suffering from infectious diseases, and which cannot be purified, will be destroyed under the orders of the O. C. the station, which will form the voucher for their replacement.

Disposal of
equipment.

125. When hospitals are temporarily or permanently closed, the equipment will be disposed of under the orders of the Bde. Comdr.

Medical and surgical stores.

Medical
store
depots.
Supply of
medical and
surgical
stores.

126. Medical store depots are under the control of the D. G., I. M. S.; they supply the articles enumerated in the Army Tables.

127. The authorized medicines, and expendable articles for which no scale is laid down, may be obtained in such quantities as are approved by the Bde. Comdr. Instruments, surgical equipment and other stores are allowed according to the scale given in Army Tables, Medical and Units. The administrative loan equipment will be stored at the Hd.-Qrs. stations of P. M. Os. concerned for loan to hospitals as required. Other articles, not on charge in particular hospitals, may be obtained on loan from other hospitals, or, in the case of medicines for emergencies, by purchase (see A. R. I., Vol. III.).

Provision
of surgical
appliances.

128. Surgical appliances may be supplied at the public expense as follows:—

(a) *artificial limbs and eyes*—to British soldiers, and native officers and soldiers, who have, whilst serving, lost a limb or eye.

(b) *artificial teeth*—to British regimental soldiers, when a medical officer certifies they have incurred such loss of teeth as would otherwise cause their discharge by invaliding, and that the supply of artificial teeth will render them efficient; provided their O. C., having regard to the character of the men, recommends the supply. If the loss of teeth is directly attributable to active service, artificial teeth may be provided even though the men are discharged.

Any charges necessarily incurred on account of the extraction or stopping of teeth under similar conditions will likewise be borne by the State, also charges for the administration of anæsthetics when the P. M. O. concerned certifies that no military medical officer could be made available to conduct the administration.

(c) *trusses, crutches, elastic stockings, and other surgical appliances*—to British soldiers and their families, and native officers and soldiers entitled to medical attendance (see para. 67).

Repair,
replacement
and method
of supply.

129. The surgical appliances mentioned above will be replaced or repaired (if the loss or damage arose from circumstances beyond the applicant's control) whilst a soldier continues to serve with the colours, or the soldier's family continues to be entitled to medical attendance. Requisitions for artificial limbs, eyes, teeth and surgical appliances, will be submitted to the Bde. Comdr. for sanction. The P. M. O. will then arrange for the supply of artificial teeth; other articles will be supplied by the medical store department.

Retention of
unauthorized
articles.
Pocket cases,
medical sub-
ordinates.

130. Unauthorized articles of equipment will be entered in I. A. F. M 1224, and can only be retained under the sanction of the Divl. Comdr.

131. Every member of the I. S. M. D. in military employment will be supplied with a pocket case of instruments, which will be shown in the surgical ledger (I. A. F. M 1224) supported by an annual certificate of possession from each subordinate; this certificate will take the place of receipt and delivery vouchers in the case of transfer. The cases will continue to be shown in the ledger when subordinates proceed on field service, and will be noted in red ink until their return or transfer. The Bde. P. M. O. and the medical storekeeper will note repairs or renewals which are not due to fair wear and tear. The cases will be handed in when the subordinates proceed on leave, are transferred to civil employment, or become non-effective. In the event of casualties in the field, the disposal of the pocket case will be reported to the medical officer in whose ledger it is shown.

132. Medical officers will use their own cases of pocket instruments, which may be renewed or repaired by the medical store depots on payment (see Army Tables, Medical). Medical officers' pocket cases.

133. The medical and surgical stores belonging to field hospitals, and the field medical equipment of units, will be periodically turned over by expenditure in station and regimental hospitals, and at once replaced by fresh stock. A certificate, showing how far this has been done, will be furnished to the Bde. P. M. O. Turn-over of field medical stores.

134. The P. M. O., India, may, in consultation with the D. G., I.M.S., modify the list of contents of the field medical equipments. Field medical equipment.

135. Neither hog's lard, nor beef suet, should ever be used in the preparation of ointments. Lard and beef suet.

136. Quinine and other medicines may be issued as prophylactics to the troops for such period as may be sanctioned by the O. C. the station. Prophylactic issues of drugs.

Supply and Transport stores.

137. Articles of hospital equipment supplied by the S. and T. Corps are subject to the approval of the P. M. O., India. They will be sealed by the P. M. O., Presidency Bde., who is president of the board which determines articles of equipment. Approval and sealing of patterns of hospital equipment.

138. Medical officers in charge will make a selection, once a month, of hospital equipment for condemnation and repair, and will arrange for its survey in conjunction with the S. and T. officer, who will be advised regarding articles which must be destroyed on sanitary grounds. All issues in replacement of condemned articles will be sent direct to the medical officer in charge for inspection before being placed in the hospital storekeeper's stores. Condemnation and replacement of S. and T. stores.

139. Medical officers will indent for condemned articles of hospital bedding and clothing for (a) use of the sick in regimental and departmental followers and charitable hospitals, (b) medical and hospital purposes, in lieu of new materials, in station and regimental hospitals. Condemned bedding and clothing.

140. The scale of fuel allowed for all purposes, and instructions regarding its supply, will be found in Army Tables, Miscellaneous Services. Fuel.

Reports and returns.

141. The reports and returns pertaining to the medical services, and instructions regarding their submission, are given in I. A. F. Z 2000. Orders relating to their preparation, if not included in regulations, will be found in the prescribed forms. The instructions contained in the Regs., A. M. S., regarding the statistical and medical documents connected with British troops are generally applicable to India; the service in India should be reckoned as laid down in K. R. General.

142. One set of returns will be prepared for each station hospital, in which will be incorporated the details of the several section hospitals at the station. Station hospital returns.

143. Civil surgeons will supply medical certificates (A. B. 172) when an officer under their care is placed on, or taken off, the sick list, as follows:— Medical certificates furnished by civil surgeons.

(a) In the case of the British army—to the medical officer in charge of the station hospital.

(b) In the case of native corps—to the medical officer in charge of the corps.

Medical officers will include all such cases in their statistical returns.

144. In forwarding the annual health and sanitary returns, Bde. P. M. Os. will note on matters of special importance and describe the measures taken during the year under report in respect of these and matters dealt with in previous annual reports, also their result. Notes on annual returns by Bde. P. M. O.

Appendix I.—

Appointment.	Conditions applicable.	Nominated by
P. M. O., India	(1)	S. of S. for War, or G. of I., in the case of A. M. S. and I. M. S., respectively.
P. M. O., Command	(2), (3)	S. of S. for War, or D. G., I. M. S., as the case may be.
P. M. O., Divn. and Bde.	(2), (5)	D. G., I. M. S. (for the administrative grade), in the case of an I. M. S. Officer.
Secretary to P. M. O., India	(6)	C-in-C.
Assistant Secretary to P. M. O., India	(9)	Do.
Surgeon to the Viceroy	(11), (12)
Surgeons to the Governors of Madras and Bombay.	(11), (12)
Surgeon to the C-in-C.	(11)
Sanitary Officers at Army and Command Hd.-Qrs.	(7), (13)	P. M. O., India
Personal assistants to Command P. M. Os.	(6), (15)	Do.
Staff officers of the A. B. Corps	(16)	Do.
Charge of station hospitals	(7)	Command P. M. O.
Medical officers for station duties with British units.	(7)	M. O. in charge, station hospital.
Staff surgeon at Divl. Hd.-Qrs.	(17), (18)	Divl. P. M. O.
Staff surgeon at Bde. Hd.-Qrs.	(17), (18)	Bde. P. M. O.
Charge of cantonment hospitals	(17), (18), (19), (20)	Bde. P. M. O.
Medical officers of native regiments, corps of sappers and miners, and local corps.	(8), (21)	Command P. M. O.
Medical charge of Baxa garrison, Dibrugarh garrison, Loralai post, followers' hospital, Mandalay, and Port Blair.	(8)	Bde. P. M. O.
Staff surgeons,* Bangalore, Secunderabad, Poona.	(8), (22), *Bangalore, also (14).	Command P. M. O.
Civil employment, from military—I. M. S. officers.	(23), (19)	The Home or other civil department of the G. of I., in communication with the C-in-C.
Civil employment, from military—I. S. M. D.	...	D. G., I. M. S., in communication with P. M. O., India.

NOTE.—In the absence of instructions to the contrary, newly appointed I. M. S. officers, on according to the Command

Appointments.

Sanctioned by	Where published.	Tenure in years.	Conditions.
S. of S. for India, with the concurrence of the S. of S. for War in the case of an A. M. S. officer. The G. of I. in the case of an I. M. S. officer.	<i>Gazette of India.</i>	(a)	(1) Ordinarily from the A. M. S., but the G. of I. may nominate an officer of the I. M. S.
			(2) Distributed equally between the British and Indian services.
C-in-C.	I. A. O. .	(a)	(3) Bengal or Punjab for either service, Madras ordinarily for the I. M. S., and Bombay for the A. M. S.
G. of I.	<i>Gazette of India.</i>	5	(5) A lieutenant-colonel in the case of the Derajat-Bannu Bdes.
Do.	Do.	(6) One each from the R. A. M. C. and I. M. S.
Viceroy	Do. .	6	(7) R. A. M. C. appointment.
Governor	Do. .	6	(8) I. M. S.
C-in-C.	I. A. O. .	5	(9) I. S. M. D. "
Do.	Do. .	3(b)	(10) M. N. S. "
Do.	Do. .	5	(11) R. A. M. C., or I. M. S., at will.
Do.	Do. .	5	(12) Under the G. of I.
L. G. C.	C. O. .	(c)	(13) Must hold a diploma in public health.
O. C. the station	Station orders	...	(14) Of the rank of Captain; vacates on promotion if belonging to the I. M. S.
Divl. Comdr.	D. O.	(15) Captain on appointment, but may continue therein if promoted to major during tenure.
Bde. Comdr.	B. O.	(16) Distributed equally between the R. A. M. C. and I. M. S., as far as the interests of the service may permit, but at least two must belong to the I. M. S.
Bde. Comdr.	B. O.	(17) Collateral charges.
L. G. C.	C. O.	(18) Staff surgeoncies and charge of cantonment hospitals are distributed equally between the services in the station.
Bde. Comdr.	B. O.	(19) L. S. Urdu. In the case of a cantonment hospital, if a qualified officer is not available, another may be appointed, subject to his passing the language test within 6 months.
L. G. C.	C. O.	(20) Cannot be held with any other collateral charge.
G. of I.	<i>Gazette of India.</i>	...	(21) If transferred to officiate in civil employment, will be struck off the strength of the corps after three years' absence. Periods of temporary reversion to military duty, whether the officer rejoins his corps or not, will not be reckoned in the three years. Applications for exchange of corps are dealt with in L. A. F. Z 2000.
C-in-C.	(22) Staff surgeon, Bangalore, has charge of followers hospital and local vaccination department. Staff Surgeon, Secunderabad, has charge of followers, civil jail, and is superintendent of vaccination.
			(23) Two years in military employment.

first arrival in India, will report themselves for duty at Allahabad, Ambala, Madras, or Bombay, to which they are posted.

Appointment.	Conditions applicable.	Nominated by
<i>Assistant Surgeons to—</i>		
Army Hd.-Qrs.	(24)	P. M. O., India
Subordinate charge, station hospitals	(25)	Command P. M. O.
A. B. Corps company duties	(26)	Do.
Royal Indian Marine	Do.
Cossipore factory	Do.
Kirkee „	Do.
Aruvankad	Do.
Ishapore	Do.
Jubbulpore	Do.
<i>Hospital Assistants to—</i>		
Army Hd.-Qrs.	P. M. O., India
Station hospitals	Bde. P. M. O.
Native army	Do.
Cantonment hospitals	Do.
Aruvankad factory	Command P. M. O.
Proof department, Balasore	Do.
Duckinsore magazine	Do.
Followers' hospitals	Bde. P. M. O.
Bodyguard, Governor of Bombay	Do.
<i>M. N. S.—</i>		
Lady superintendent	} (10)	P. M. O., India
Senior nursing sister		
<i>Matrons—</i>		
Matron, station family hospital	(27)	M. O. in charge, station hospital.

Appointments—concl'd.

Sanctioned by	Where published.	Tenure in years.	Conditions.
C-in-C.	I. A. O. .	3	(24) Performs his duties under the surgeon to the C-in-C.
L. G. C.	C. O. .	(c)	(25) By seniority, subject to qualifications and good conduct.
Do.	Do. .	5 (e)	(26) Of the 2nd or 3rd class, and ordinarily between 30 and 35 years of age. They remain with the company in peace and war. They are available for hospital work at the discretion of the Bde. Comdr.
Do.	Do. .	3 (f)	
Do.	Do.	
Do.	Do.	(27) Soldiers' wives or widows, qualified as sick nurses and midwives, preferred (see Appx. IV).
Do.	Do.	
Do.	Do.	(a) The tenure of these administrative appointments by a surgeon-general, A.M.S., or colonel R.A.M.C., is unlimited; while that of I. M. S. officers is limited to five years (counting from the date from which the full consolidated salary has been continuously drawn) unless re-appointed for a second tour of duty; subject in all cases to vacation at the prescribed age limit. A colonel or lieutenant-colonel selected for increased pay appointed to officiate as surgeon-general or colonel, respectively, will be granted temporary rank as such.
C-in-C.	I. A. O.	
Bde. Comdr.	B. O.	
Do.	Do.	
Do.	Do.	
L. G. C.	C. O.	(b) Tenure may be extended.
Do.	Do.	(c) Two years, dating from 1st March, in the case of permanent station hospitals in the hills—for charge. Three years, dating from 1st November—for sub-charge.
Do.	Do.	(e) May be extended up to 42 years of age.
Bde. Comdr.	B. O.	(f) Five years in the case of the Kidderpore dockyard; unlimited in the case of the Bombay dockyard.
Do.	Do.	
C-in-C.	I. A. O.	
Do.	Do.	
Bde. Comdr.	B. O.	

Appendix II.—I. S. M. D.

(See para. 11.)

Recruiting
and training.

1. A public competition will be held once a year, under arrangements made by the D. G., I. M. S., for admission to the I. S. M. D. Candidates must bear a good character, be physically fit for the service and between 16 and 18 years of age (16 and 20 for hospital assistants), and in the case of assistant surgeons they must be of European or Eurasian parentage. Ward orderlies, recommended by the medical officer under whom they are serving, may compete for the hospital assistant class under the same conditions, except that in their case the maximum age limit is extended to 25 years. Those who are successful, and in the case of candidates for the hospital assistant branch who also furnish a security bond (I. A. F. M. 1198) executed by the parent, guardian, or a friend, will be sent to a medical college, or school, and entered as military pupils, or native military pupils, to undergo training for four years. If they are then reported qualified, they will, on signing the prescribed declaration (I. A. F. M. 1193), be gazetted into the service, and graded according to the places taken at the final college examination. Official numbers will be assigned to hospital assistants. The D. G., I. M. S., may remove from the college, and withhold the certificates of, any pupil who fails at the examinations, refuses to sign the prescribed declaration, or misconducts himself. Hospital assistants who commenced their medical training after June 1905 will not be given their certificates until the close of their service, and should a man leave before completing seven years' service as a hospital assistant, his certificates will be altogether withheld. Pupils gazetted into the service may retain the books issued to them.

Promotion,
examina-
tion,
I. S. M. D.

2. Examinations for promotion will be held annually under arrangements made by the D. G., I. M. S., in April for assistant surgeons, and in April and October for hospital assistants. The subjects for the examinations will include—regulations, anatomy (assistant surgeons take midwifery and diseases of children, instead of anatomy), surgery, medicine, materia medica and hygiene. Candidates who fail in not more than two subjects will be re-examined in those subjects only, provided they present themselves within a year if assistant surgeons, and six months if hospital assistants. Neither absence on field service, nor any other excuse will be accepted from assistant surgeons who fail to pass in more than two subjects; they are liable to be remanded to their studies for any period up to two years by the D. G., I. M. S. Hospital assistants (Bengal establishment) drawing English qualification allowance will be re-examined in English (see para. 5 below). Rules for conducting examinations are given in A. R. I., Vol. 11. Applications for examination will be dealt with as laid down in I. A. F. Z 2000.

Promotion,
I. S. M. D.

3. If well reported upon, members of the I. S. M. D. will be promoted as follows :—

I.—Assistant Surgeon Branch.

- | | | |
|--|---|--|
| (a) Assistant surgeon, 3rd class | —After 5 years in the 4th class. | |
| (b) " " 2nd " | —After 7 years in the 3rd class, subject to passing the examination mentioned in para. 2 above before 12 years' service. | |
| (c) " " 1st " | —After 7 years in the 2nd class. | |
| (d) Senior assistant surgeon with the honorary rank of lieutenant. | } By selection from those in military and civil employment. Those holding provincial and railway appointments will be supernumerary to the establishment of senior assistant surgeons for the military department, see para. 13, (a) and (b). | |
| (e) Senior assistant surgeon with the honorary rank of captain. | | |

II.—Hospital Assistant Branch.

- | | |
|---|---|
| (a) To hospital assistant, 2nd class. | } After 5 years in the 3rd and 2nd class, respectively, subject to passing the examination mentioned in para. 2 above, after 4 years in each class. |
| (b) To hospital assistant, 1st class. | |
| (c) Senior hospital assistant, 2nd class. | } By selection. |
| (d) Senior hospital assistant, 1st class. | |

Re-examina-
tion.

4. A hospital assistant degraded by sentence of a court-martial, will, if restored to his former class, be re-examined if he passed more than two years before his restoration. If not previously qualified, he may be examined at the same time as the subordinate above him.

English
qualifica-
tion.

5. Hospital assistants of the Bengal establishment will be examined in the following subjects for their English qualification :—Reading and writing (including prescriptions), dictation and simple arithmetic. They will be examined by the officer under whom they are serving, or by whom they are being examined for

promotion. If successful, they will be given a certificate (I. A. F. M 1195), a duplicate copy being sent to the D. G., I. M. S.

If unsuccessful, six months must elapse before being re-examined.

6. The uniforms of the I. S. M. D., described in A. R. I., Vol. VII., are provided by assistant surgeons at their own expense and by hospital assistants from their clothing allowance. Swords and belts are obtainable from the nearest arsenal, and uniform, or the materials, from the army clothing department, on payment. (See I. A. F. Z 2000, and A. R. I., Vol. XI.)

7. Applications to resign the service from assistant surgeons or hospital assistants with less than three or seven years service as such, respectively, will only be considered if the applicant is prepared to refund all pay and cash allowances received from government from the commencement of his medical training.

8. Superannuated members of the I. S. M. D. may, in the event of their services being required, be re-employed on such terms as may be specially laid down.

Dress,
I. S. M. D.

Penalty on
resignation.

Re-employ-
ment,
I. S. M. D.

Appendix III.

Queen Alexandra's Military Nursing-Service for India.

(See para. 17.)

Declaration of candidates for appointment.

I, _____, (Christian and surname in full), Declaration and certificates required.

a candidate for appointment as nursing sister in Queen Alexandra's Military Nursing Service for India, do hereby declare that I have answered the following questions to the best of my knowledge and belief, that I am fully aware of the terms and conditions of service under which I seek appointment, and accept the same.

1. Date and place of birth, supported by certificate of birth. (Baptismal certificates will not be accepted, except in the case of candidates born in India.)
2. Profession or occupation of father.
3. Whether single, married, or widow.
4. Place and standard of education.
5. State of health, supported by a medical certificate.
6. In what hospital trained, and for how long. Give name of matron, and of two senior medical officers (one physician and one surgeon) to whom reference may be made.
7. List of appointments (if any) held since completion of training, with dates. Give name of matron and two senior medical officers (one physician and one surgeon) at the hospital at which last employed, to whom reference may be made.
8. Names and addresses of two ladies to whom reference may be made as to social position (they should not be employers or relations, but well acquainted with the candidate in private life).

NOTE.—No testimonials need be sent, but candidates will be expected to produce their original certificates of training, if called upon to do so.

Signature _____

Address _____

Date _____

NOTE.—On a candidate being appointed to the service, this declaration will be stamped as an agreement according to law.

The qualifications for appointment, not specified in the above declaration, are— Additional conditions.

(a) Age between 25 and 35 years.

(b) Three years previous training and service combined, in a hospital where adult male patients receive medical and surgical treatment, and in which a staff of nursing sisters is maintained.

Candidates in England are examined and reported on by the Nursing Board before appointment. Those residing in India must be personally seen, examined and reported on by a lady superintendent, M. N. S., before they are recommended for appointment. They must defray their own travelling expenses.

Application for appointment in India or England should be addressed to the P. M. O., India, or the S. of S. for India, as the case may be.

Uniform.

Winter. — Grey beige with red cashmere stand-up collar, red belt, and red bands on sleeves below elbow. Uniform, and allowance for renewing.

Summer.—White cambric (or white drill) with bands of Turkey red twill.

NOTE.—Lady Superintendents dresses made with red waistcoat and red cuffs.

- Cloak.—Grey tweed with red cashmere lining to cape.
- Small cape.—Of winter dress material, lined with red cashmere.
- Bonnet.—Grey straw, trimmed with grey ribbon.
- Hat.—Sailor. White straw with white ribbon.
- Cap.—Dora ; white. Lady superintendents' caps have lace edging.
- Apron.—White, with bibs, but without straps. *For duty only.*
- Cuffs.—White.
- Collars.—White.

Lady superintendents are permitted to wear mufti off duty, but nursing sisters, unless when on leave or attending evening entertainments, will wear uniform at all times, except when riding. When cycling, lady nurses may wear a plain grey cloth jacket.

Every senior nursing sister and nursing sister is allowed a sum of Rs. 60 at the end of each completed year of service for the provision of the prescribed uniform.

Appendix IV.

Training of sick-nurses and midwives.

A limited number of wives and widows of warrant officers and soldiers (both departmental and regimental) may be sent to the civil hospitals at Calcutta, Madras, Bombay, or Poona, for training as sick-nurses and midwives. The names of candidates who fulfil, and agree to, the conditions noted on the attached form, will be submitted on a manuscript copy of it, for the orders of the L. G. C. by the O. C. corps or local head of department.

Roll of a candidate for training as a pupil nurse and midwife.

Name

Wife of

Widow

(Rank, name and corps or department.)

Age

(Must be under 35 years).

Height

(Should not be under 5 feet 3 inches).

Character

General intelligence

Can she read and write sufficiently well to carry out written instructions, and to take notes ?

When is she likely to leave the Command ?

Physical fitness for the course. (Must not be pregnant).

M. O.

The candidate and her husband understand, and consent to, the following conditions : (a) that in order to obtain a certificate of proficiency she will have to undergo training for about one year, and that her husband and children cannot accompany her ; (b) she must provide her own sheets, pillows (and cases), towels, blankets and wearing apparel ; (c) she must conform to the rules and discipline of the training institution ; (d) in the event of her resigning before obtaining a certificate the amount paid by government on her account will be refunded ; (e) her services may be dispensed with (without penalty) for inaptitude for work or misconduct.

O. C. or local head of department.

StationDate19.

Signature of candidate.

Appendix V.
Telegraph code for cholera reports.

(See para. 84).

- (a) The message should agree with the hospital morning state and be despatched soon after 8 A.M.
- (b) The number of cases and deaths in each regiment at the station during the preceding 24 hours should be stated separately, distinguishing men, women and children, and the place of their occurrence. Names of commissioned officers or their wives should be given.
- (c) The particulars regarding followers or the city and bazars should be given only when they are important as indicating any decided advance or decline of the disease.
- (d) All movements of troops must be included.
- (e) When there is no telegraph station, the message should be sent by post to the nearest telegraph station.*
- (f) Information is not required by telegram regarding the progress of cases, vacation of buildings, or the fact that there have been no attacks.
- (g) The following code for telegraphing cholera reports, and a specimen telegram showing information required, are appended for guidance :—

Code word.	Signification.	Code word.	Signification.
Ball† . =	1 case in barracks or lines.	Calm† . =	1 case in camp.
Bane . =	2 cases do.	Cat . =	2 cases do.
Bath . =	3 do. do.	Cist . =	3 do. do.
Bear . =	4 do. do.	Corn . =	4 do. do.
Belt . =	5 do. do.	Curt . =	5 do. do.
Bilk . =	6 do. do.	Cycle . =	6 do. do.
Block . =	7 do. do.	Club . =	7 do. do.
Bole . =	8 do. do.	Chill . =	8 do. do.
Breath . =	9 do. do.	Cry . =	9 do. do.
Bud . =	10 do. do.	Cramp . =	10 do. do.
Faint† . =	1 case in fort.	Dark† . =	1 death. }
Farm . =	2 cases do. }	Dean . =	2 deaths. }
Feat . =	3 do. do. }	Dew . =	3 do. }
Feel . =	4 do. do. }	Dial . =	4 do. }
Final . =	5 do. do. }	Dive . =	5 do. }
Foil . =	6 do. do. }	Door . =	6 do. }
Futile . =	7 do. do. }	Dull . =	7 do. }
Fluid . =	8 do. do. }	Dread . =	8 do. }
Fright . =	9 do. do. }	Droop . =	9 do. }
Fry . =	10 do. do. }	Dwell . =	10 do. }
Man =	1 man. }	Wail =	1 woman. }
Mart =	2 men. }	Ward =	2 women. }
Mend =	3 do. }	Weak =	3 do. }
Metre =	4 do. }	Wine =	4 do. }
Mix =	5 do. }	Wood =	5 do. }
Musk =	6 do. }	Worn =	6 do. }
Mute =	7 do. }	White =	7 do. }
Mean =	8 do. }	Wrath =	8 do. }
Mortal =	9 do. }	Wreck =	9 do. }
Native =	1 native.	Tar =	1 company.
Nave =	2 natives.	Tint =	2 companies.
Near =	3 do.	Term =	3 do.
Never =	4 do.	Torn =	4 do.
Nibble =	5 do.	Tub =	5 do.
Nile =	6 do.	Try =	6 do.
Nod =	7 do.	Trap =	7 do.
Note =	8 do.		
Normal =	9 do.		
Nut =	10 do.		
		Bazar =	Cholera in bazar.
		City =	Do. in city.
		District =	Do. in district.
		Tented =	Moved into camp.
		Shifted =	Camp shifted from.
		Precaution =	All necessary precautions taken.

Specimen Message.—Somerset regiment seven cases—barracks—six men, one woman—four deaths—three men, one woman—two companies moved into camp, all necessary precautions taken—18th Infantry—one case, lines, woman—30 words.

The same message by the code would run thus—

Somerset regiment block musk wail dial mend wail tint tented precaution—18th Infantry ball wail.—15 words.

* As in such stations telegraph stamps are not generally procurable, telegrams can be sent from out-stations by post, but they must be enclosed in registered covers ; at a station where telegraph stamps are not procurable, they may be paid for by postage stamps at the rate of 17 annas to the rupee. In such cases the post office registration receipt will take the place of the ordinary telegraph receipt. If any telegram be received insufficiently stamped, it will be returned bearing to the sender.

† When a fatal case of cholera occurs, care should be taken that the code word for a case and death are both used.

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